

EQUIPMENT ACCOUNTABILITY FORM

| | | |
|----------------|---------------|-----------------|
| Equipment Type | Serial Number | Bar Code Number |
|----------------|---------------|-----------------|

| | |
|--------------|-------|
| Manufacturer | Model |
|--------------|-------|

| | | |
|------------------|---------------------|---------------------|
| From Room Number | Organization (from) | Phone Number (from) |
|------------------|---------------------|---------------------|

| | | |
|----------------|-------------------|-------------------|
| To Room Number | Organization (to) | Phone Number (to) |
|----------------|-------------------|-------------------|

NEW EQUIPMENT INFORMATION:

Requisition Number

| | | |
|----------------|--------|----------------|
| Purchase Order | Vendor | Invoice Number |
|----------------|--------|----------------|

RELOCATION OF VTAM EQUIPMENT:

| | | | |
|-------------|-----------------|----------------|--------------|
| Terminal ID | Controller/Port | Contact Person | Phone Number |
|-------------|-----------------|----------------|--------------|

TRANSACTION: (Check action taken and insert date)

- () New Equip. Received
- () Replaced w/Bar Code Number
- () Equip. Moved to Room
- () Out for Repair
- () Equip. Returned
- () Equip. Processed for Disposal

AUTHORIZED SIGNATURES: (Each final action requires signature)

| | Route Symbol | Date |
|---|--------------|------|
| Gaining Property Custodian | | |
| Losing Property Custodian | | |
| TCC Technician | | |
| Vendor Representative | | |
| Equipment Received by | | |
| Recorded in Property Rec. | | |

EQUIPMENT ACCOUNTABILITY FORM

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|----------------|---------------|-----------------|
|----------------|---------------|-----------------|

| Manufacturer | Model |
|--------------|-------|
|--------------|-------|

| | | |
|-------------------------|----------------------------|----------------------------|
| <u>From Room Number</u> | <u>Organization (from)</u> | <u>Phone Number (from)</u> |
|-------------------------|----------------------------|----------------------------|

| | | |
|-----------------------|--------------------------|--------------------------|
| <u>To Room Number</u> | <u>Organization (to)</u> | <u>Phone Number (to)</u> |
|-----------------------|--------------------------|--------------------------|

NEW EQUIPMENT INFORMATION: Requisition Number

| | | |
|-----------------------|---------------|-----------------------|
| <u>Purchase Order</u> | <u>Vendor</u> | <u>Invoice Number</u> |
|-----------------------|---------------|-----------------------|

RELOCATION OF VTAM EQUIPMENT:

| <u>Terminal ID</u> | <u>Controller/Port</u> | <u>Contact Person</u> | <u>Phone Number</u> |
|--------------------|------------------------|-----------------------|---------------------|
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() Equip. Processed for Disposal _____

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|----------------------------------|--------------|------|
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| Manufacturer | Model |
|--------------|-------|
|--------------|-------|

| <u>From Room Number</u> | <u>Organization (from)</u> | <u>Phone Number (from)</u> |
|-------------------------|----------------------------|----------------------------|
|-------------------------|----------------------------|----------------------------|

| To Room Number | Organization (to) | Phone Number (to) |
|----------------|-------------------|-------------------|
| | | |

NEW EQUIPMENT INFORMATION:

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| | | |
|-----------------------|---------------|-----------------------|
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